

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001058

Entity Name: PAR HYGIENE, INC.

FILED  
Jan 09, 2009  
Secretary of State

## Current Principal Place of Business:

9431 NW 14TH CT.  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

9431 NW 14TH CT  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

9431 NW 14TH CT.  
PEMBROKE PINES, FL 33024

## New Mailing Address:

782 NW 42 AVENUE  
#340  
MIAMI, FL 33126

FEI Number: 98-0563121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALACIOS, MIGUEL E  
9431 NW 14TH CT.  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PALACIOS, MIGUEL E  
Address: 9431 NW 14TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD ( ) Delete  
Name: PALACIOS, MIGUEL E  
Address: 9431 NW 14TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD ( ) Delete  
Name: PALACIOS, MIGUEL E  
Address: 9431 NW 14TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V ( ) Delete  
Name: SCHILING, FRITZ P  
Address: PASAJE LA CEIBA #4  
City-St-Zip: LA LIBERTAD, EL SALVADOR,

Title: T ( ) Delete  
Name: RAMIREZ, CARLOS H  
Address: PASAJE LA CEIBA #4  
City-St-Zip: LA LIBERTAD, EL SALVADOR,

Title: S ( ) Delete  
Name: LABBE, RODRIGO  
Address: 4 AVENIDA 8-59, ZONA 9  
City-St-Zip: GUATEMALA CITY, GUATEMALA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL PALACIOS

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date